

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06134

1. Entity Name
LUCERNE AT WOODLANDS HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business

3219 THOMASVILLE RD
19A
TALLAHASSEE, FL 32312

Mailing Address

3219 THOMASVILLE RD
19A
TALLAHASSEE, FL 32312

FILED

2007 JUL 23 PM 3:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07192007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-2589866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWER, DURWARD N
3219 THOMASVILLE ROAD
#19A
TALLAHASSEE, FL 32312

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100107468151
06/07/07--01061--010 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BREWER, DURWARD
3219 THOMASVILLE ROAD, #19A
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEMP, MICHAEL
3315 AQUA RIDGE WAY
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARINO, CHRIS
3219 THOMASVILLE RD., 17D
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIDDLE, CHAD
3219 THOMASVILLE RD, 2C
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/07

Date

488-9622

Daytime Phone